

AMICALOLA EMC TRUST  
544 Hwy 515 South  
Jasper, GA 30143-4884  
(706) 253-5200

## APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

1. Name: \_\_\_\_\_  
Last First Middle

2. Other Members of Household:

	Last Name	First	Middle	Relationship
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

3. Address: \_\_\_\_\_  
Street or Post Office Box  
\_\_\_\_\_  
City State Zip Code

4. Phone Number: \_\_\_\_\_  
Home Work

5. Employer of those listed in No. 1 and No. 2 above:

(1) \_\_\_\_\_  
Name Supervisor  
\_\_\_\_\_  
Address Phone  
(2) \_\_\_\_\_  
Name Supervisor  
\_\_\_\_\_  
Address Phone

(2b)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone
(2c)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone
(2d)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone
(2e)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone

**Note: The disbursements of these funds are for charitable purposes to individuals and organizations for food, shelter, clothing, health needs and education.**

6. Reason for Request for Donation: **(Please itemize the costs and state how the funds will be used. Incomplete applications will be returned.)**

Amount Requested: \$ \_\_\_\_\_

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7. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list:

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LIABILITIES

AMOUNTS

Notes Payable \_\_\_\_\_ \$ \_\_\_\_\_  
Lender's Name

\_\_\_\_\_  
Lender's Address

\_\_\_\_\_  
Lender's Name

\_\_\_\_\_  
Lender's Address

\_\_\_\_\_  
Lender's Name

\_\_\_\_\_  
Lender's Address

Mortgage \_\_\_\_\_ \$ \_\_\_\_\_  
Mortgagor's Name

\_\_\_\_\_  
Mortgagor's Address

\_\_\_\_\_  
Mortgagor's Name

\_\_\_\_\_  
Mortgagor's Address

Other Debt (State Type: Taxes, Bills Outstanding, Other)

\_\_\_\_\_  
Type

\_\_\_\_\_  
Type

\_\_\_\_\_  
Type

\_\_\_\_\_  
Type

TOTAL LIABILITIES \$ \_\_\_\_\_



SOURCES OF MONTHLY INCOME

AMOUNTS

Salary \_\_\_\_\_ \$ \_\_\_\_\_  
 Employer's Name

Bonus, Tips, & Commissions \_\_\_\_\_ \$ \_\_\_\_\_

Dividends & Interest \_\_\_\_\_ \$ \_\_\_\_\_

Real Estate Income \_\_\_\_\_ \$ \_\_\_\_\_

Farm Income \_\_\_\_\_ \$ \_\_\_\_\_

Other: (Please State: Alimony, Child Support, Other)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL SOURCES OF MONTHLY INCOME \$ \_\_\_\_\_

9. Please list three references non-related to you. (May not be a director or employee of Amicalola Electric Membership Corporation or Amicalola EMC Trust.)

\_\_\_\_\_  
 Name Phone

\_\_\_\_\_  
 Address City State Zip Code

\_\_\_\_\_  
 Name Phone

\_\_\_\_\_  
 Address City State Zip Code

\_\_\_\_\_  
 Name Phone

\_\_\_\_\_  
 Address City State Zip Code

10. Are you presently contributing to the Operation Round-Up Program? Yes / No (circle one)
11. Are you located within the service area of Amicalola EMC? Yes / No (circle one)

**The information contained in this statement is for the purpose of obtaining funding from the Amicalola EMC Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Amicalola EMC Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Amicalola EMC Trust is authorized to make all inquiries they deem necessary including, but not limited to, a credit bureau history check to verify the accuracy of the statements made herein. Total allocations for individuals and families will ordinarily not be made for more than \$2,500.00 in a calendar year.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT/RECIPIENT**

\_\_\_\_\_  
**SIGNATURE OF SPOUSE**

\_\_\_\_\_  
**DATE**

Revised: July 2007